

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

2000 — 1 — 2

2. STATE:

MS

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 456.71

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0

b. FFY 2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A, Exhibit 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Att. 3.1-A, Exhibit 1

10. SUBJECT OF AMENDMENT: This State Plan Amendment is being filed to delete the reference to certification of weekend hospital admissions and one-day stays because all inpatient hospital stays (except obstetrical) are certified. It also deletes the name of the former PPO contractor and replaces it with a generic reference to the O/RPO contractor.

GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Kica Lewis-Payton

14. TITLE:

Executive Director

15. DATE SUBMITTED:

December 5, 2000

16. RETURN TO:

Kica Lewis-Payton, Executive Director  
Miss. Division of Medicaid  
Attn: Rose Campora  
239 North Lamar Street, Suite 301  
Jackson, MS 39201-1399

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

December 8, 2000

18. DATE APPROVED:

January 3, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. Grassy

22. TITLE:

Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

State Mississippi

Exhibit 1

## DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

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1. Inpatient Hospital Services: LIMITED TO 30 DAYS PER FISCAL YEAR FOR ALL RECIPIENTS EXCEPT FOR ELIGIBLE INFANTS UNDER THE AGE OF ONE (1) YEAR RECEIVING SERVICES IN DISPROPORTIONATE-SHARE HOSPITALS WHO SHALL BE ALLOWED UNLIMITED DAYS. Additional hospital days based on prior approval are covered for Medicaid-eligible individuals under the age of twenty-one (21) through EPSDT expanded services.

Prior approval or concurrent review is required on all hospital admissions except obstetrical. Prior approval and concurrent reviews will be performed by the utilization review/peer review organization contractor for the Medicaid Single State Agency.

Part A co-insurance is not covered for inpatient hospital services for Medicaid/Medicare eligibles on days exceeding the number of allowable days for Medicaid-only eligibles.

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Transmittal # 2000-12  
Supersedes TN 89-14

Date Received DEC 08 2000  
Date Approved JAN 03 2001

Effective Date JAN 01 2001